

PLACE OF BIRTH

STATE OF MINNESOTA

Division of Vital Statistics

41042

County of HENNEPIN

Township of

OR

Village of

OR

City of

MINNEAPOLIS

TULL NAME OF CHILD

Baby Erwin

RECORD OF BIRTH

Reg. District No. No. in Registration Book.....

(Above numbers to be filled in only by local registrar or his deputy)

(No. 4633 First Ave So St. 13th Ward)

ex of child

Female

Twin, triplet,
or other?

(To be answered only in event of plural births)

No. in order
of birthLegit-
imate?

yes

Date of
birth.....

(Month) 1

(Day) 24

(Year) 1915

{ If child is not yet named, make
supplemental report as directed.

FATHER

FULL NAME

Albert James Erwin

POST OFFICE ADDRESS

4633-1st Av. So.

COLOR

White

AGE AT LAST BIRTHDAY

30 (Years)

BIRTHPLACE

St. Peter Minn.

OCCUPATION

R.R. Clerk

Number of children born to this mother, including present birth.....

2

MOTHER

FULL MAIDEN NAME

Sarah E. Close

POST OFFICE ADDRESS

4633-1st Av. So.

COLOR

White

AGE AT LAST BIRTHDAY

28 (Years)

BIRTHPLACE

Deer Creek, Minn.

OCCUPATION

Housewife

Number of children of this mother now living.....

2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was.....

Born alive at 2 P.M.

(Born alive or Stillborn)

on the date above stated.

{ When there was no attending physician

or midwife, then the father, householder,

etc., must make this return. A stillborn

child is one that neither breathes nor shows

other evidence of life after birth.

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Given name added from a supple-

mental report.....

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Signature.....

JAN 27 Recd

19.....

Address.....

311- Reid Cornet

REGISTRAR.

State Registrar

Minnesota Department of Health

NOT VALID WITHOUT IMPRESSED SEAL

4633

First Ave So

Minneapolis

Minnesota

4633

First Ave So

Minneapolis

Minnesota

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Minneapolis

Minnesota

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